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Specia	al Instructi	ons to F	iling Offi	cer:		

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## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

04/27/2022

D	ate:	04/27/2022	4: 1 DW
	·	Acc#I20160000072	4: () JV
Name:	PEOPLEG	ROVE INC.	
Document #:			
Order #:	14296024		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Certified Plain:	Country of Destination:  Number of Certs:	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount	:\$ 43.75	

Thank you!

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of Delaw registered agent, or both, in the State of Florid	are	_
1. The name of	the corporation: PEOPLEGROVE I	NC		
2. The principal	office address: 240 Stockton St, 4th	Floor, San Francisco, CA 94108		
	address (if different):			_
4. Date of incor	poration/qualification: 03/25/2022	Document number: F22000001783		
	d street address of the current regis ament of State: (If resigned, enter	tered agent and registered office on file with the resigned)	<u>\$</u>	
	CORPORATION SERVICE COM	PANY		
	1201 HAYS ST	Sm	202	
	TALLAHASSEE, FL 32301	LE A	2 APR	
6. The name an (if changed):	d street address of the new register	ed agent (if changed) and /or registered of S	022 APR 27 AM 10: 07	
	C T Corporation System	en s	Ö	O
	1200 South Pine Island Road	TE	07	
		P.O. Box. NOT acceptable		
	Plantation, Florida 33324			
The street addr	ess of its registered office and the localities be identical.	street address of the business office of its reg	istered ag	gent.
		adopted by its board of directors or by an offic- seen notified in writing of the change.		
7		Kenneth Johnson, Vice President and So	ecretary	
Signati	iteof in officer or director	Printed or typed name and fille		
- I further agree - of my duties, at - document is be	to comply with the provisions of a ad I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this c n System	zent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered age te in the registered office address, I hereby co change.	e perform ent. Or, i nfirm tha	ianc if thi, it the
•	Lama Drodrick	4-27-22		
Sı	gnature of Registered Agent Lauri Brodnick Americal Scottary	Date		
If signing on b	ehalf of an entity:			
<u> </u>	ick, Assistant Secretary	-		
	Typed or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

06 - North 9-2020 Winters Klower On

By: